

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors

☐ Stage Stores, Inc., a Delaware corporation
☐ Specialty Retailers, Inc., a Texas corporation
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

*place an "x" beside the name of the Debtor you are filing a claim against

Case Number

00-35078-H2-11
 00-35079-H2-11
 00-35080-H2-11

Creditor ID#: 788-37837
 United States Bankruptcy Court
 Southern District of Texas
 FILED

AUG 14 2000

Michael N. Milby, Clerk

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Levelland & Hockley County New-Press

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

*****AUTO**3-DIGIT 793
 Levelland & Hockley County New-Press
 PO Box 1628
 Levelland TX 79336-1628



☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:

Check here ☐ replaces if this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1042.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☒ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

☐ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) - _____.

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

This Space Is for Court Use Only

Date

8-11-2000

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

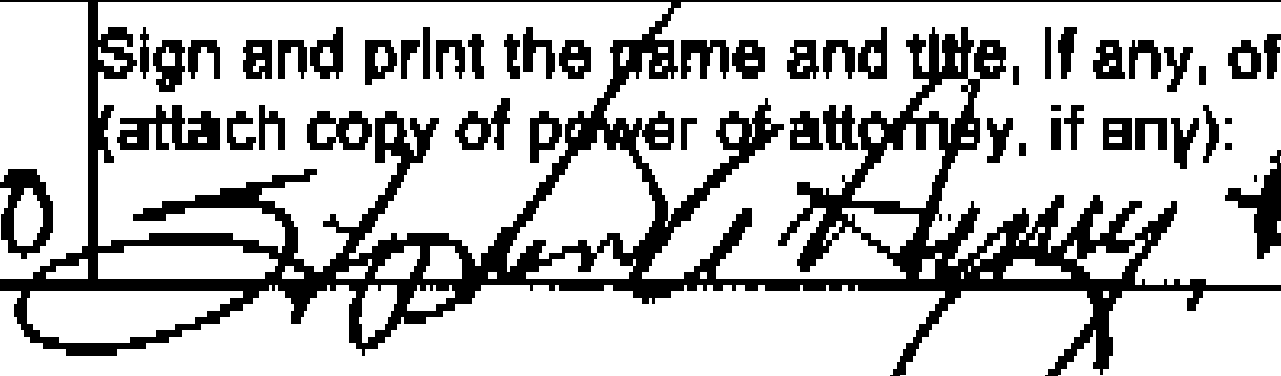
Stephen A. Henry, Publisher

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

001387

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors _____ Stage Stores, Inc., a Delaware corporation _____ Specialty Retailers, Inc., a Texas corporation _____ Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-37837
Name of Creditor (The person or other entity to whom the debtor owes money or property): Levelland & Hockley County New-Press		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: *****AUTO**3-DIGIT 793 Levelland & Hockley County New-Press PO Box 1628 Levelland TX 79336-1628 		Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:		Check here _____ replaces if this claim _____ amends a previously filed claim, dated: _____	
1. Basis for Claim ___ Goods sold <input checked="" type="checkbox"/> Services performed ___ Money loaned ___ Personal injury/wrongful death ___ Taxes ___ Other _____		___ Retiree benefits as defined in 11 U.S.C. § 1114(a) ___ Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred:		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 1042.00 If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below. ___ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. ___ Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: ___ Real Estate ___ Motor Vehicle ___ Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: ___ Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) ___ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). ___ Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). ___ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). ___ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ___ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)-_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only.	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 8-11-2000	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Stephen A. Henry - Publisher		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

CUSTOMER ID: 913
LOCAL: Y
NAT'L:
PREPAID:

STANDING CARD:

CURRENT CHARGES \$1042.00 PAST DUE AMOUNT \$0.00
TO ENSURE PROPER CREDIT PLEASE PUT YOUR CUSTOMER ID NUMBER ON YOUR CHECK

STAGE STORES, INC.
BEALLS * PALAIS ROYAL * STAGE
10201 Main Street Houston, TX 77025 FAX (713) 838-4387
For schedule and shipping information, call our ROP hotline (713) 838-4379

INSERTION ORDER

Leveland & Hockley County
News Press
P.O. 1628 DRAWER
Leveland, TX 79336
Pat Henry

ORIGINAL NUMBER 35409
DATE: APRIL 20, 2000
VOICE #: 806-894-3121
FAX #: 1806-894-7957

INSERTIONS FOR: Sun, 04/30/00 - Sat, 05/13/00 SSI STORE #: 0650 5B PAGE 1

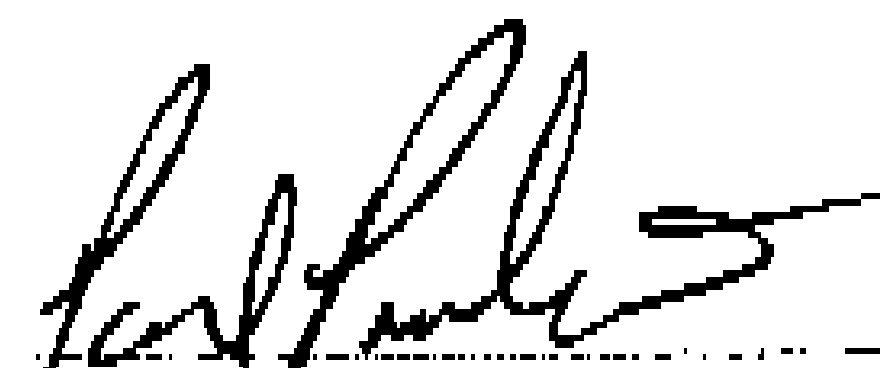
PLEASE SCHEDULE ADS LISTED BELOW FOR WEEKS OF APRIL 30 THRU MAY 13, 2000.

** PLEASE SHOW YOUR LOCAL STORE A COPY OF THE AD BEFORE IT RUNS!**

YOU ARE RESPONSIBLE FOR REVIEWING AND SCHEDULING THE ADS LISTED BELOW. OUR ACCOUNTS PAYABLE DEPT. WILL PAY ONLY FOR ADS ORDERED BY STAGE STORES INSERTION ORDERS. FAILURE TO FAX CONFIRMATION TO (713) 838-4387 MAY RESULT IN NON-PAYMENT.

RUNDATE	AD NUMBER	POSITION	SIZE	TYPE	DESCRIPTION
Wed 5/03	0050854.BKS	MN	3 Col x 10"	B&W ROP	BEST BRANDS
Wed 5/10	0050467.BJKLPS	MN	6 Col x 11"	B&W ROP	MOM'S DAY SUPER WKD

Please sign and fax back (with NO cover sheet) to (713) 838-4387


Signature


Printed Name


Date

End of Insertion Order submitted Thu, APRIL 20, 2000

STAGE STORES, INC.
BEALLS * PALAIS ROYAL * STAGE
19261 Main Street Houston, TX 77025 FAX (713) 838-4387
For schedule and shipping information, call our ROP hotline (713) 838-4370

INSERTION ORDER

Leveland & Hockley County
News-Press
P.O. 1628 DRAWER
Leveland, TX 79336
Pat Henry

REVISION OF NUMBER 35439
DATE: MAY 5, 2000
VOICE #: 806-894-3121
FAX #: 1806-894-7957

INSERTIONS FOR: , - , SSI STORE #: 0650 58

PAGE 1

REVISION

This revision changes only the insertion
shown below. Any other dates ordered on
original insertion order are not
affected.

PLEASE REVISE PREVIOUS ORDER

EXPLANATION: _____

NEW CORRECTED AD BEING SENT 5/5 FOR AD LISTED BELOW. IF YOU HAVE EARLY DEADLINE WE CAN FAX COPY OF CHANGE.
YOU MAY CALL KIM 713-838-4370 OR SANDRA 713-295-5453

RUNDATE	AD NUMBER	POSITION	SIZE	TYPE	DESCRIPTION
Wed 5/10	0050467.BJKLPS	MN	6 Col x 11"	B&W ROP	MOM'S DAY SUPER WKD

Please sign and fax back (with NO cover sheet) to (713) 838-4387


Signature

Paul Pinkert
Printed Name

May 8, 2000
Date

End of Insertion Order submitted Fri, MAY 5, 2000

STAGE STORES INC.

BEALLS • PALAIS ROYAL • STAGE

PREPRINT INSERTION ORDER

MAY ONE DAY SALE

DELIVER TO:
News-Press
711 Austin Street

Levelland, TX 79336
Market/Store # 650

AD REP:
PAUL PINKERT
1-806-894-7957 FAX
806-894-3121 PHONE

INSERT DATE:	05/17/00
TOTAL QTY:	4700
VERSION:	BEALLS
INSERT SIZE:	11.5" x 21"
PAGE SIZE:	4 SKN STD

***** INSERTS SHOULD BE RECEIVED BY MAY 10, 2000.**

Please confirm delivery with your warehouse. Call if not received by due date

SALES REP NAME AND DATE:

PAUL Pinkert
(PRINT NAME)


(SIGNATURE)

4-27-2000
(DATE)

**PLEASE FAX BACK TO CONFIRM SPACE
RESERVATION AT
(713) 354-3996 ATTN: SSI COORDINATOR**

(COVER SHEET NOT REQUIRED!!)

**NOTE: YOUR FAXED RESPONSE TO THIS INSERTION
ORDER WITHIN 48 HOURS IS MANDATORY. FAILURE
TO COMPLY MAY RESULT IN THE CANCELLATION OF
THIS PROMOTION IN YOUR NEWSPAPER!!!!!!**

ANY QUESTIONS, PLEASE CALL (713) 878-6700 AND ASK FOR THE SSI COORDINATOR.

EVENT # 6946

STAGE STORES, INC.
BEALLS * PALAIS ROYAL * STAGE
10201 Main Street Houston, TX 77025 FAX (713) 838-4387
For schedule and shipping information, call our ROP hotline (713) 838-4370

INSERTION ORDER

Leveland & Hockley County
News-Press
P.O. 1628 DRAWER
Leveland, TX 79336
Pat Henry

ORIGINAL NUMBER 36189
DATE: APRIL 27, 2000
VOICE #: 806-894-3121
FAX #: 1806-894-7957

INSERTIONS FOR: Sun, 05/14/00 - Sat, 05/27/00 SS1 STORE #: 0650 5B PAGE 1


PLEASE SCHEDULE ADS LISTED BELOW FOR WEEKS OF MAY 14 THRU MAY 27, 2000.

** PLEASE SHOW YOUR LOCAL STORE A COPY OF THE AD BEFORE IT RUNS! **

YOU ARE RESPONSIBLE FOR REVIEWING AND SCHEDULING THE ADS LISTED BELOW. OUR ACCOUNTS PAYABLE DEPT. WILL PAY
ONLY FOR ADS ORDERED BY STAGE STORES INSERTION ORDERS. FAILURE TO FAX CONFIRMATION TO (713) 838-4387 MAY
RESULT IN NON-PAYMENT.

31UNDATE	AD NUMBER	POSITION	SIZE	TYPE	DESCRIPTION
Wed 5/24	0059505.1661	MN	4 Col x 14"	B&W ROP	MEMORIAL DAY SALE

Please sign and fax back (with NO cover sheet) to (713) 838-4387


Signature

Paul Pinkert
Printed Name

4-28-2000
Date

End of Insertion Order submitted Thu, APRIL 27, 2000